Performance & Development Solutions (PDS)
Administrative Assistant Certificate

(PLEASE PRINT)

Name: _____ _____ ____ SS #: _____
          Last   *First*   *MI*

Department: _____ Work Location: _____

E-Mail: _____ Work Phone: _____

Completion of the PDS Administrative Assistant Certificate Program requires the completion of the ten classes and the completion of five elective classes. If participants have completed computer training at a lower level in any of these classes, the participant should complete a higher level training in the same software or in another software program.

Record Of Completion

Core Courses	Course Number	Date Taken	Elective Courses	Date Taken
Accounting Fundamentals	GI 176	_____	1) _____	_____
Achieving Communication Effectiveness	GI 077	_____	2) _____	_____
Business English	GI 001	_____	3) _____	_____
Business Writing Workshop	GI 134	_____	4) _____	_____
Customer Service	QM 002	_____	5) _____	_____
Customer Service Telephone Skills	QM 030	_____		
Financial Math Refresher	GI 175	_____		
Introduction to Business Skills	GI 174	_____		
Professional Image	GI 084	_____		
Project Management	PT 103	_____		

Eligible electives include: Creative Thinking & Problem Solving (GI 160), Managing Your Time & Priorities (GI 090), Marketing Principles (GI 305), Minute Taking (GI 177), Time Mastery (GI 313), and ANY computer application course at New Horizons or DAS-ITE (please visit http://das.hre.iowa.gov/LearnAtPDS/ for the current schedule).

The following signatures indicate awareness of this application and support for completion of this certificate program within three (3) years.

_____ _____ _____ _____
Employee Signature   *Date*   *Department Director Signature*   *Date*

_____ _____ _____ _____
Supervisor Signature   *Date*   *Training Liaison Signature (state employee only)*   *Date*

Please return the completed form to:

State Employees: Your agency's Training Liaison
Non-State Employees: PDS Training, DAS-HRE, Fax: (515) 242-6450, Phone: (515) 281-5456

For PDS Use Only:

   Confirmed: _____   *Courses Valid Since:* _____   *Completion Date By:* _____

   Certificate Sent: _____